JUN 7 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17623

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2150

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4305 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 4305 Harrison
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Alice C. Connor 560

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Edward J. Connor (Deceased)

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: August (Month) 30 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	8	23	____ hr. ____ min.

9. Birthplace: Hound City (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation: Housewife

11. Industry or business: 5

FATHER
12. Name: Martin Walsh
13. Birthplace: County Mayo (City, town, or county) Ireland (State or foreign country) 2

MOTHER
14. Maiden name: Bridget Dougherty
15. Birthplace: County Mayo (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature: Mary Connor Nugent
(b) Address: 919 State Avenue, Kansas City, Kans.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 27, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's Cemetery

18. (a) Signature of funeral director: The Nugent Funeral Home, Robert Emmet Nugent
(b) Address: 919 State Ave. K.C. Kans

19. (a) May 26, 1940 (Date received local registrar) (b) M. M. Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 23 year: 1940 hour: 6 minute: 40 P.M.

21. I hereby certify that I attended the deceased from June 10 19 19, to May 23 19 40 that I last saw her alive on May 23 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute coronary occlusion, myocardial infarct. Ventricular rupture

Due to: arterial changes

Due to: Hy. hypertension 9 yrs

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: R. C. Griffith (M. D. or other)
Address: Date signed: 5/27/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert Emmet Nugent

Licensed Embalmer No. 3491

P. O. Address 919 State K.C. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.